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Leaflet Regarding Rules of Publication.—CALIFORNIA AND WESTERN MEDICINE has prepared a leaflet explaining its rules regarding publication. This leaflet gives suggestions on the preparation of manuscripts and of illustrations. It is suggested that contributors to this Journal write to its offices requesting a copy of this leaflet.

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EDITORIALS

IV. PROPOSALS FOR A COMPULSORY SICKNESS INSURANCE LAW FOR CALIFORNIA

(Continued)

Present Status of the Proposed Sickness Insurance Legislation for California.—At the time of this writing the legislative battle concerning Governor Warren's Health insurance bill (A.B. 800) and the C.I.O. measure (A.B. 449) is being vigorously carried on before the Assembly Committee on Public Health.

In previous issues of CALIFORNIA AND WESTERN MEDICINE, brief press reports were given concerning preliminary Committee hearings already held in San Diego, Los Angeles, Fresno and San Francisco.

A largely attended meeting was held on Tuesday afternoon and evening, March 24th, when, in the Assembly Chamber at Sacramento, the Committee on Public Health held an open session for discussions on the basic purposes and provisions of compulsory sickness insurance systems. The Committee allocated time to both proponents and opponents.

The major speaker for the proponents was Nathan Sinai, professor of public health in the University of Michigan, who had come to California, the press stated, on invitation from Governor Warren's office. Professor Sinai is a Californian by birth (Stockton). He received his degree of Doctor of Veterinary Medicine from San Francisco College in 1915, and his Doctor Public Health diploma from the University of Michigan in 1926. Because of his writings on the subject of sickness and health insurance, the views of Doctor Sinai are fairly well known. However, in his initial appearance at Sacramento, report states, he did not fare so well. The California Legislators partake of the spirit of the "Forty-Niners." They do not beat about the bush, and they went after Professor Sinai without gloves.

The other principal advocate for a compulsory health insurance system was Professor Samuel Chester May of our own University of California, who has been the director of its Bureau of Public Administration since 1930; and whose numerous discussions of the topic, before the Commonwealth and other clubs, have likewise acquainted many Californians concerning his opin-

ions. In passing, it may be said that Professor May is reputed to have had considerable to do, directly or indirectly, with the outlining or drafting of some of the inclusions in Governor Warren's bill (A.B. 800). The writer does not know whether this is, or is not the fact.

The Assembly Committee on Public Health will hold additional hearings, one on April 3. In due course a report, with or without recommendations, will be submitted to the Assembly. What action and how soon, the State Assembly and later the State Senate will take on the sickness insurance measures that have been presented, is not possible to forecast at this time. The old story of what a jury or a legislature may or may not do, can be said to apply.

Elsewhere in this issue paragraphs appear from which more information may be gleaned concerning the controversial discussions going on between the opposing groups. In CALIFORNIA AND WESTERN MEDICINE, an effort has been made to present informative items on the contentions of both sides. It is important that physicians understand the nature of the claims made by opponents. The arguments of both groups should be read.

* * *

Regrettable Mental Outlook of Many Proponents of Compulsory Sickness Insurance Plans.—It is unfortunate that in their pronouncements, the proponents of compulsory sickness insurance plans so often give evidence of confused thinking. Many of this group of advocates seem unable to appreciate that their theoretical, blue-print solutions of the problems related to serious illness among citizens of the lower wage earning groups should not be applied to the elimination of disease, but rather to the economic conditions or poverty with which disease is so often associated. If some of these self-appointed or self-anointed altruists would concentrate their efforts on the basic causes of poverty, they could be of greater service to the lower income groups whom they state they wish to serve. Concerning the causation and the treatment of disease, physicians are well qualified to carry on, by virtue of greater education, training and experience. Doctors of Medicine wish only the right to maintain and develop the standards of procedures through which disease can be best overcome, and they can and will do this, if the blue-print reformers keep their hands off the system of American medical practice, through which excellent public health successes have been attained.

Physicians agree that a better distribution of the facilities of modern day scientific medicine, whereby the same would be available to all groups of citizens, is desirable.

Nevertheless, let it be remembered, that for many years past, during which the lay public and government vouchsafed only scant attention to the medical needs of men, women and children in the lower economic or income groups, it has been the Doctors of Medicine, who individually and

collectively, have given increasing care to these classes of fellow citizens. And today, as in years past, the same generous professional care is being granted to all fellow citizens,—whether indigent, medically indigent, moderately or very well-to-do.

This healing-art service has been rendered under the existing system of free enterprise in medical practice,—a plan which gives opportunities for alert thinking and initiative, with corresponding pleasure and heart-satisfaction that comes with service well-rendered.

However, free enterprise in medical practice and its excellent results would go into more or less decay under any plan of a regimented profession, since then there would rapidly develop a political control dominated by bureaucratic supervisors, under whose supervision scientific medicine and healing-art practice could not hope to prosper.

Naturally, the proponents of the so-called compulsory health systems deny this. That is not surprising, since persons who sometimes have little knowledge of the elements and scope of certain problems, are at times only the more dogmatic concerning the establishment of their personal plans of solution.

* * *

Money Value of Medical Services Rendered by Physicians in County Hospitals of California.—Through all the years, since California was admitted to the Union, Doctors of Medicine have given generous professional care to patients in the public county hospitals of California. At the same time, in the lay press, minor donations by lay persons, of one or a few thousands of dollars, and designed to promote the public weal, often have received newspaper and other praise without special regard to space or real value.

Taking for example, by contrast, the massive Los Angeles County Hospital, an institution having a probable 20 million dollar capital investment in buildings, with an annual maintenance budget of many hundreds of thousands of dollars, there has yet to appear, for the first time, in a printed report of that institution, anything like a detailed statement of the money value of the professional services annually rendered without cost to patients or taxpayers, by some five hundred or more physicians who are on the attending staff of that institution, and who give gratuitous service.

Why should the public be expected to be grateful if it has never been informed concerning such massive donations in service, gladly given by attending staffs of this and other county hospitals in California?

* * *

Application of Gratuitous Professional Service to Pending Legislation.—The above digressions to some readers, may appear somewhat of a far cry from pertinent comment on the health insurance bills now pending in the California Legislature. However, they are not.

For, from this record of faithful medical serv-

ice rendered by physicians over many years to citizens in the lower wage groups, it would be a logical conclusion to infer that Doctors of Medicine, trained as they have been, concerning the prevention and treatment of disease and injury, are as much and even more anxious than any group of lay propagandists, to *provide the best of medical care for all classes of citizens.*

Many of the lay shouters for reform in medical practice and procedures close their eyes to these patent facts. They, in their self-sufficient ego, and with little or no technical background on which to base their contentions, have nevertheless worked out comprehensive paper plans for radical changes and so-called reforms in medical service in California and elsewhere, and are insisting such be immediately enacted into law.

It is depressing to think that these misguided individuals and propagandists, through their continued campaigns, should have been able to mislead so many honest citizens into accepting their specious schemes.

* * *

Physicians Must Be Alert to Proposals to Change Medical Practice through Legislation.

—Which fact emphasizes again the reason why every physician must remain alert concerning medical economic problems, the procedure-solutions of which would change the nature of medical practice. Every Doctor of Medicine should likewise become somewhat of a propagandist concerning medical needs, he giving to patients and friends alike, authoritative factual information concerning modern-day American Medicine and its practice. If every physician had done this, some of the present vexatious problems would not have arisen.

California has no environmental factors among low income citizens such as existed in Germany when in 1881, Bismarck initiated his Krankenkassen system in order to combat socialistic trends, or when, in 1911, Lloyd George, in like manner, brought into being the English panel system of medical practice.

American Medicine in those days and since, has given good professional care to fellow citizens who, at the same time, were enduring hardships from economic causes.

In California the medical profession asks that no system of regimentation be established that will lead to a lower grade of medical practice and service than now exists.

Whatever deficiencies in distribution of medical care may exist in our State can be remedied through thoughtful study, whereby, through progressive and evolutionary improvements, any inadequacies may be eliminated.

Revolutionary procedures are not indicated, and such, in essence may be found in A.B. 800 (Governor Warren's bill) and A.B. 449 (C.I.O. bill), now pending before the 56th California Legislature.

Those bills must not pass.

C.M.A.'S 74TH ANNUAL SESSION—LOS ANGELES, SUNDAY-MONDAY, MAY 6-7, 1945

This Year's Annual Session More Streamlined Than Ever.—Owing to wartime conditions, and with special reference to rules laid down by the Federal Office of Defense Transportation, this year's annual session of the California Medical Association will be more skeletonized and streamlined than ever. There is no alternative. To conform with the rules laid down by the Office of Defense Transportation it has been necessary to limit to less than fifty the number of C.M.A. members who travel by rail to Los Angeles, where this year's session will be held on Sunday-Monday, May 6-7, 1945. The C.M.A. headquarters office is holding down transportation requests to less than that number in order to conform to the Washington directive. The sanctions to travel will be limited to members of the House of Delegates; since the business of the organization must be carried on, not only to safeguard the 5,000 members who are in civilian practice and working overtime in essential and other industries, but also to properly protect the rights of the more than 2,000 California colleagues who are in military service.

* * *

Public Health Interests Indicate a Business Session.—In this present year, the 56th California Legislature is in session and important legislation is pending that would establish in California, in case one or other of the compulsory sickness insurance bills was enacted, a system of practice under which scientific medicine would receive a serious setback, and the health of workers in essential industries be endangered.

* * *

Meetings of the Scientific Sections Will be of a Local Nature and Under the Sponsorship of the Los Angeles County Medical Association.—In the OFFICIAL JOURNAL for February on page 97, and in the March number on pages 106 and 137, brief statements appeared concerning the scope and nature of the Scientific Sections and the places where the programs would be given.

In order to avoid use of hotels, all meetings will be held in the Elks Temple and in the headquarters building of the Los Angeles County Medical Association. The California Medical Association has thirteen scientific sections, and this year, because of these changed conditions, it will be necessary for the first time to have a number of sections give programs on Sunday afternoon and Monday morning, as well as on Monday afternoon. It is gratifying, in spite of all existing handicaps, to be able to state it has been possible for the C.M.A. Committee on Scientific Work and the officers of the respective sections to secure a total of 100 papers. All papers listed on the program will be available for publication-consideration in CALIFORNIA AND WESTERN MEDICINE. Acknowledgment for some of this success must be made to the Committee on War-